**SANDBACH TOWN COUNCIL**

APPLICATION FORM - GRANTS TO VOLUNTARY ORGANISATIONS

Name of Organisation or Group:

…………………………………………..................................................................………………………....

|  |  |
| --- | --- |
| Contact Person:  | ...............................................................................................................  |
| Address:  | ...............................................................................................................  |
|   | ...............................................................................................................  |
|   | ............................................................... Post Code ............................  |
| Tel No:  | Day .......................................... Eve ..........................................  |
| E-mail:  | ...............................................................................................................  |
|  |  |

Please give the purpose of your organisation as described in your constitution.

**Please enclose a copy of your constitution or rules, showing your aims and objectives.**

Is it a Registered Charity? YES/NO If so, please give Charity Number ..........................................

1. **Total cost of your project?** £..................... Sum requested from STC £ .....................

Please attach a breakdown of the estimated costs of your project together with your anticipated source of funds.

1. **A summary of your project:**

This grant is aimed at Project establishment / support and should be considered a standalone sum. Describe your project and what you would do with a grant:

 **Does the grant cover advertising or wages of personnel involved if so how much?**

1. **The Council gives priority to applications which meet the following priorities. Please tick the ones which you feel your project meets.**
	* Projects which benefit the people of Sandbach.
	* Create an Inclusive Society
	* Promoting our Environment, Heritage and Culture
	* Work towards improving Leisure and Amenities.

**How does the project meet these priorities?**

1. **Have you raised funds from any other sources for this project?** YES/NO

If yes, please state source and amount.

1. **Are you awaiting the outcome of any other applications for funding, towards this project?** YES/NO If yes, please state whom you have applied to and the amount of any application.

1. **Has the Organisation previously applied for a Grant from Sandbach Town Council?** YES/NO

If yes, please give details

1. **The Organisation's accounts for the last three years. \***

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** |  |  |  |
| **Accounts Balance b/f** |  |  |  |
| **Accounts Balance c/f** |  |  |  |
| **Income** |  |  |  |
| **Expenditure** |  |  |  |
| **Year-end bank balance** |  |  |  |

* **Please enclose a copy of your last available set of accounts.**
1. **Describe the geographical area in which your Organisation works.**

1. **What proportion of the work takes place in Sandbach?**

If the Organisation were to be successful in securing a grant, to whom should the cheque be made payable?

Name ........................................................................

If payment by BACS is preferred:

Bank Account Name…………………………………………………………………

 Account Number ………………………………….Sort Code……………………

**Could you please indicate if you are able to/ would like to attend the meeting to support your application, and answer any questions the committee may have: YES/NO**

Two of the authorised signatories for your bank/building society account need to sign below:

Signed: ................................................. Position within the Organisation: ………...............................

Signed: ................................................. Position within the Organisation: ………...............................

On behalf of ..................................................................... Date:………………..………….......

**Please note: A condition of any grant award is the return of a completed Grant Feedback form within four weeks of the project/event completion. In signing above and submitting a grant application you are committing to return the feedback form.**

Town Clerk, Sandbach Town Council

Sandbach Town Hall, High Street, Sandbach , CW11 1AX